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CONFIRMATION NO. 7903

<b>SERIAL NUMBER</b> 10/779,360	<b>FILING OR 371(c) DATE</b> 02/13/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Guillermo G. Mor, Cheshire, CT; Donna Neale, New Haven, CT; Roberto Romero, Grosse Pointe, MI;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/447,140 02/13/2003 and claims benefit of 60/516,296 11/03/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/12/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 23628					
<b>TITLE</b> IN VITRO TEST TO DETECT RISK OF PREECLAMPSIA					
<b>FILING FEE RECEIVED</b> 1003	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		